Angel The Strok Commission PUBLIC DISCLOSURE DIVISION

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REPORT OF RECEIPTS

Rev. 12/2004

04 APR - 9 PM 12: 21 FORM 3X For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 NAME OF COMMITTEE (in full) over the lines. ADDRESS (number and street) Check if different than previously reported. (ACC) STATE A ZIP CODE CITY A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** REPORT (N) OR (A) Same San Brook Street San Berlin TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Jun 20 (M6) Mar 20 (M3) Sep 20 (M9) (a) Quarterly Reports: Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) " # " # 1 / 1 10 " D" / in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report EMMAN / FOR BY / IV in the (TER) Election on State of 10 01 2013 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. G Type or Print Name of Treasurer · bailey Morgo Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X**